



TOWN OF DALTON

Board of Health
462 Main Street
Dalton, MA 01226
Tel (413) 684-6111 Ext. 20
Fax (413) 684-6131

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

NAME OF ESTABLISHMENT _____

BUSINESS ADDRESS _____

PHONE NUMBER _____ FEDERAL ID# _____

MAILING ADDRESS _____

NAME OF OWNER _____

PERSON IN CHARGE* _____

***VALID SERVESAFE CERTIFICATION MUST BE ATTACHED FOR FULL TIME EMPLOYEE**

EMERGENCY CONTACT NAME / PHONE _____

<u>TYPE OF ESTABLISHMENT</u>	<u>FEE</u>		
RETAIL FOOD _____	\$50.00	FROZEN DESSERT _____	\$35.00
FOOD SERVICE _____	\$50.00		
CATERER _____	\$50.00		
MOBILE FOOD _____	\$50.00		
TEMPORARY _____	\$35.00		

DAYS & HOURS OF OPERATION _____

OF SEATS _____ STAFF TRAINED IN ANTI-CHOKING PROCEDURES? _____

Pursuant to M.G.L. Chapter 62C, section 49A I certify under the penalties of perjury that I, to my best knowledge, have filed all state tax returns and paid all State taxes required under law.

SIGNATURE OF APPLICANT

DATE

~FOR HEALTH DEPARTMENT USE ONLY~

DATE RECEIVED

DATE INSPECTED

APPROVED BY

PERMIT NUMBER

FEE DUE WITH APPLICATION